

FORM IR-1/IE-1
Commercial Vehicle Permits – (404) 362-6484 – FAX (404) 363-7587

Application For Registration Of Vehicles Operated By Motor Carriers Holding Certificates Or Permits Under The Jurisdiction Of The Department Of Motor Vehicle Safety Pursuant To O.C.G.A. § 46-7-15, And; Motor Carriers Engaged In Intrastate Exempt Passenger Commerce Pursuant To O.C.G.A. § 46-1-1(9)(C)(Xiii).

MAIL TO:

**Department of Motor Vehicle Safety
Motor Vehicle Section
Post Office Box 161227
Atlanta, GA 30321**

Date: _____

MCA File No.: _____

(Leave blank if new carrier)

Phone No. _____

Applicant shown below hereby applies for the issuance of registration stamp(s) in the following number for the purpose of registering vehicle(s) which the applicant intends to operate within Georgia during the period for which such registration stamp(s) is effective.

2003 Vehicle Identification Stamps

NO. OF \$5.00
STAMPS ORDERED

\$5.00 Registration Stamp (for use in identifying and registering
ALL vehicles to be operated **entirely in intrastate commerce in Georgia**).
(ALLOW 3 TO 4 WEEKS FOR DELIVERY)

\$_____
FEE ENCLOSED

NOTE: ONLY CERTIFIED CHECKS, CASHIER'S CHECKS OR MONEY ORDERS
MADE PAYABLE TO: DEPARTMENT OF MOTOR VEHICLE SAFETY WILL BE
ACCEPTED. **COMPANY OR PERSONAL CHECKS OR CASH WILL NOT BE ACCEPTED**

The applicant shall not knowingly permit any other person or organization to use the registration and identification stamp(s) issued or assigned pursuant to this application. I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant. (Penalties as provided by state law). I hereby certify knowledge of applicable Federal and State motor carrier safety rules, regulations, standards, and orders, and declare that all operations will be conducted in compliance therewith.

Applicant/Carrier

Street Address

Signature & Title

City

State

Zip

.....
IF YOU HAVE A PRINCIPLE ADDRESS AND A DIFFERENT MAILING ADDRESS, PLEASE ADVISE OF BOTH.

PLEASE FILL IN PORTION BELOW FOR RETURN MAIL
(PRINT OR TYPE ONLY)

APPLICANT: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____